

PHA Plans

Streamlined Annual Version

U.S. Department of Housing and
Urban Development
Office of Public and Indian
Housing

OMB No. 2577-0226
(exp. 05/31/2006)

This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937 that introduced 5-year and annual PHA Plans. The full PHA plan provides a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form allows eligible PHAs to make a streamlined annual Plan submission to HUD consistent with HUD's efforts to provide regulatory relief for certain types of PHAs. Public reporting burden for this information collection is estimated to average 11.7 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

Privacy Act Notice. The United States Department of Housing and Urban Development, Federal Housing Administration, is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Information in PHA plans is publicly available.

Streamlined Annual PHA Plan

for Fiscal Year: 2007

PHA Name: Hannibal Housing Authority

NOTE: This PHA Plan template (HUD-50075-SA) is to be completed in accordance with instructions contained in previous Notices PIH 99-33 (HA), 99-51 (HA), 2000-22 (HA), 2000-36 (HA), 2000-43 (HA), 2001-4 (HA), 2001-26 (HA), 2003-7 (HA), and any related notices HUD may subsequently issue.

Streamlined Annual PHA Plan Agency Identification

PHA Name: Hannibal Housing Authority **PHA Number:** MO129

PHA Fiscal Year Beginning: (mm/yyyy) 07/2007

PHA Programs Administered:

☒ **Public Housing and Section 8**

Number of public housing units: 249

Number of S8 units: 168

☐ **Section 8 Only**

Number of S8 units:

☐ **Public Housing Only**

Number of public housing units:

☐ **PHA Consortia: (check box if submitting a joint PHA Plan and complete table)**

| Participating PHAs | PHA Code | Program(s) Included in the Consortium | Programs Not in the Consortium | # of Units Each Program |
|----------------------|----------|---------------------------------------|--------------------------------|-------------------------|
| Participating PHA 1: | | | | |
| Participating PHA 2: | | | | |
| Participating PHA 3: | | | | |

PHA Plan Contact Information:

Name: Jack L. McCord Executive Director Phone: 573-221-7575

TDD:

Email (if available): hhajack@sbcglobal.net

Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting:
(select all that apply)

☒ PHA's main administrative office ☐ PHA's development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plan revised policies or program changes (including attachments) are available for public review and inspection. ☒ Yes ☐ No.

If yes, select all that apply:

☒ Main administrative office of the PHA

☐ PHA development management offices

☐ Main administrative office of the local, county or State government

☐ Public library ☐ PHA website ☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

☒ Main business office of the PHA ☐ PHA development management offices

☐ Other (list below)

Streamlined Annual PHA Plan
Fiscal Year 2007
[24 CFR Part 903.12(c)]

Table of Contents
[24 CFR 903.7(r)]

Provide a table of contents for the Plan, including applicable additional requirements, and a list of supporting documents available for public inspection.

A. PHA PLAN COMPONENTS

- ☒ 1. Site-Based Waiting List Policies
903.7(b)(2) Policies on Eligibility, Selection, and Admissions
- ☒ 2. Capital Improvement Needs
903.7(g) Statement of Capital Improvements Needed
- ☒ 3. Section 8(y) Homeownership
903.7(k)(1)(i) Statement of Homeownership Programs
- ☒ 4. Project-Based Voucher Programs
- ☒ 5. PHA Statement of Consistency with Consolidated Plan. Complete only if PHA has changed any policies, programs, or plan components from its last Annual Plan.
- ☒ 6. Supporting Documents Available for Review
- ☒ 7. Capital Fund Program and Capital Fund Program Replacement Housing Factor, Annual Statement/Performance and Evaluation Report
- ☒ 8. Capital Fund Program 5-Year Action Plan

B. SEPARATE HARD COPY SUBMISSIONS TO LOCAL HUD FIELD OFFICE

Form HUD-50076, PHA Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the Streamlined Annual Plan identifying policies or programs the PHA has revised since submission of its last Annual Plan, and including Civil Rights certifications and assurances the changed policies were presented to the Resident Advisory Board for review and comment, approved by the PHA governing board, and made available for review and inspection at the PHA's principal office;

For PHAs Applying for Formula Capital Fund Program (CFP) Grants:

Form HUD-50070, Certification for a Drug-Free Workplace;

Form HUD-50071, Certification of Payments to Influence Federal Transactions; and

Form SF-LLL & SF-LLLa, Disclosure of Lobbying Activities.

1. Site-Based Waiting Lists (Eligibility, Selection, Admissions Policies)

[24 CFR Part 903.12(c), 903.7(b)(2)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. Site-Based Waiting Lists-Previous Year

1. Has the PHA operated one or more site-based waiting lists in the previous year? If yes, complete the following table; if not skip to B. NO

| Site-Based Waiting Lists | | | | |
|---|-----------------------|---|--|---|
| Development Information: (Name, number, location) | Date Initiated | Initial mix of Racial, Ethnic or Disability Demographics | Current mix of Racial, Ethnic or Disability Demographics since Initiation of SBWL | Percent change between initial and current mix of Racial, Ethnic, or Disability demographics |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

2. What is the number of site based waiting list developments to which families may apply at one time?
3. How many unit offers may an applicant turn down before being removed from the site-based waiting list?
4. ☐ Yes ☐ No: Is the PHA the subject of any pending fair housing complaint by HUD or any court order or settlement agreement? If yes, describe the order, agreement or complaint and describe how use of a site-based waiting list will not violate or be inconsistent with the order, agreement or complaint below:

B. Site-Based Waiting Lists – Coming Year

If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to next component.

1. How many site-based waiting lists will the PHA operate in the coming year?
2. ☐ Yes ☐ No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?
If yes, how many lists?

3. ☐ Yes ☐ No: May families be on more than one list simultaneously
If yes, how many lists?
4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?
- ☐ PHA main administrative office
 - ☐ All PHA development management offices
 - ☐ Management offices at developments with site-based waiting lists
 - ☐ At the development to which they would like to apply
 - ☐ Other (list below)

2. Capital Improvement Needs

[24 CFR Part 903.12 (c), 903.7 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. Capital Fund Program

1. ☒ Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete items 7 and 8 of this template (Capital Fund Program tables). If no, skip to B.
2. ☐ Yes ☒ No: Does the PHA propose to use any portion of its CFP funds to repay debt incurred to finance capital improvements? If so, the PHA must identify in its annual and 5-year capital plans the development(s) where such improvements will be made and show both how the proceeds of the financing will be used and the amount of the annual payments required to service the debt. (Note that separate HUD approval is required for such financing activities.).

B. HOPE VI and Public Housing Development and Replacement Activities (Non-Capital Fund)

Applicability: All PHAs administering public housing. Identify any approved HOPE VI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement.

1. ☐ Yes ☒ No: Has the PHA received a HOPE VI revitalization grant? (if no, skip to #3; if yes, provide responses to the items on the chart located on the next page, copying and completing as many times as necessary).
2. Status of HOPE VI revitalization grant(s):

| HOPE VI Revitalization Grant Status |
|--|
| a. Development Name: |
| b. Development Number: |
| c. Status of Grant: <input type="checkbox"/> Revitalization Plan under development <input type="checkbox"/> Revitalization Plan submitted, pending approval <input type="checkbox"/> Revitalization Plan approved <input type="checkbox"/> Activities pursuant to an approved Revitalization Plan underway |

3. ☐ Yes ☒ No: Does the PHA expect to apply for a HOPE VI Revitalization grant in the Plan year?
If yes, list development name(s) below:
4. ☐ Yes ☒ No: Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year? If yes, list developments or activities below:
5. ☐ Yes ☒ No: Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement? If yes, list developments or activities below:

3. Section 8 Tenant Based Assistance--Section 8(y) Homeownership Program
(if applicable) [24 CFR Part 903.12(c), 903.7(k)(1)(i)]

1. ☐ Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If "No", skip to the next component; if "yes", complete each program description below (copy and complete questions for each program identified.)

2. Program Description:

a. Size of Program

- ☐ Yes ☐ No: Will the PHA limit the number of families participating in the Section 8 homeownership option?

If the answer to the question above was yes, what is the maximum number of participants this fiscal year?

b. PHA-established eligibility criteria

- ☐ Yes ☐ No: Will the PHA's program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria?
If yes, list criteria:

c. What actions will the PHA undertake to implement the program this year (list)?

3. Capacity of the PHA to Administer a Section 8 Homeownership Program:

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☐ Establishing a minimum homeowner downpayment requirement of at least 3 percent of purchase price and requiring that at least 1 percent of the purchase price comes from the family's resources.
- ☐ Requiring that financing for purchase of a home under its Section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards.
- ☐ Partnering with a qualified agency or agencies to administer the program (list name(s) and years of experience below):
- ☐ Demonstrating that it has other relevant experience (list experience below):

4. Use of the Project-Based Voucher Program

Intent to Use Project-Based Assistance

☐ Yes ☒ No: Does the PHA plan to "project-base" any tenant-based Section 8 vouchers in the coming year? If the answer is "no," go to the next component. If yes, answer the following questions.

1. ☐ Yes ☐ No: Are there circumstances indicating that the project basing of the units, rather than tenant-basing of the same amount of assistance is an appropriate option? If yes, check which circumstances apply:
 - ☐ low utilization rate for vouchers due to lack of suitable rental units
 - ☐ access to neighborhoods outside of high poverty areas
 - ☐ other (describe below):
2. Indicate the number of units and general location of units (e.g. eligible census tracts or smaller areas within eligible census tracts):

5. PHA Statement of Consistency with the Consolidated Plan

[24 CFR Part 903.15]

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary) only if the PHA has provided a certification listing program or policy changes from its last Annual Plan submission.

1. Consolidated Plan jurisdiction: (provide name here) NE-MO I 70 Corridor Northeast Region

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- ☒ The PHA has based its statement of needs of families on its waiting lists on the needs expressed in the Consolidated Plan/s.
- ☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- ☒ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- ☐ Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)
- ☐ Other: (list below)

3. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

The State of Missouri's Plan has established the following housing priorities to address housing needs, which are also the priorities of the Hannibal Housing Authority:

1. Maintain the supply of decent, safe, and sanitary rental housing that's affordable for low, very low, and moderate income families.
2. The modernization of Hannibal Housing Authority housing for occupancy by low and very low income families.

6. Supporting Documents Available for Review for Streamlined Annual PHA Plans

PHAs are to indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

| List of Supporting Documents Available for Review | | |
|---|---|---|
| Applicable & On Display | Supporting Document | Related Plan Component |
| YES | <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Standard Annual, Standard Five-Year, and Streamlined Five-Year/Annual Plans;</i> | 5 Year and Annual Plans |
| YES | <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Streamlined Annual Plan</i> | Streamlined Annual Plans |
| YES | <i>Certification by State or Local Official of PHA Plan Consistency with Consolidated Plan.</i> | 5 Year and standard Annual Plans |
| YES | Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement. | 5 Year and Annual Plans |
| YES | Housing Needs Statement of the Consolidated Plan for the jurisdiction(s) in which the PHA is located and any additional backup data to support statement of housing needs for families on the PHA’s public housing and Section 8 tenant-based waiting lists. | Annual Plan: Housing Needs |
| YES | Most recent board-approved operating budget for the public housing program | Annual Plan: Financial Resources |
| YES | Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP] and the Site-Based Waiting List Procedure. | Annual Plan: Eligibility, Selection, and Admissions Policies |
| | Deconcentration Income Analysis | Annual Plan: Eligibility, Selection, and Admissions Policies |
| YES | Any policy governing occupancy of Police Officers and Over-Income Tenants in Public Housing. <input type="checkbox"/> Check here if included in the public housing A&O Policy. | Annual Plan: Eligibility, Selection, and Admissions Policies |
| YES | Section 8 Administrative Plan | Annual Plan: Eligibility, Selection, and Admissions Policies |
| YES | Public housing rent determination policies, including the method for setting public housing flat rents. <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy. | Annual Plan: Rent Determination |
| YES | Schedule of flat rents offered at each public housing development. <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy. | Annual Plan: Rent Determination |
| YES | Section 8 rent determination (payment standard) policies (if included in plan, not necessary as a supporting document) and written analysis of Section 8 payment standard policies. <input checked="" type="checkbox"/> Check here if included in Section 8 Administrative Plan. | Annual Plan: Rent Determination |
| YES | Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation). | Annual Plan: Operations and Maintenance |
| YES | Results of latest Public Housing Assessment System (PHAS) Assessment (or other applicable assessment). | Annual Plan: Management and Operations |
| YES | Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary) | Annual Plan: Operations and Maintenance and Community Service & Self- |

| List of Supporting Documents Available for Review | | |
|---|---|---|
| Applicable & On Display | Supporting Document | Related Plan Component |
| | | Sufficiency |
| YES | Results of latest Section 8 Management Assessment System (SEMAP) | Annual Plan: Management and Operations |
| N/A | Any policies governing any Section 8 special housing types <input type="checkbox"/> Check here if included in Section 8 Administrative Plan | Annual Plan: Operations and Maintenance |
| YES | Public housing grievance procedures <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy | Annual Plan: Grievance Procedures |
| YES | Section 8 informal review and hearing procedures. <input checked="" type="checkbox"/> Check here if included in Section 8 Administrative Plan. | Annual Plan: Grievance Procedures |
| YES | The Capital Fund/Comprehensive Grant Program Annual Statement /Performance and Evaluation Report for any active grant year. | Annual Plan: Capital Needs |
| N/A | Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants. | Annual Plan: Capital Needs |
| N/A | Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing. | Annual Plan: Capital Needs |
| YES | Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. See PIH Notice 99-52 (HA). | Annual Plan: Capital Needs |
| N/A | Approved or submitted applications for demolition and/or disposition of public housing. | Annual Plan: Demolition and Disposition |
| N/A | Approved or submitted applications for designation of public housing (Designated Housing Plans). | Annual Plan: Designation of Public Housing |
| YES | Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937. | Annual Plan: Conversion of Public Housing |
| YES | Documentation for required Initial Assessment and any additional information required by HUD for Voluntary Conversion. | Annual Plan: Voluntary Conversion of Public Housing |
| N/A | Approved or submitted public housing homeownership programs/plans. | Annual Plan: Homeownership |
| N/A | Policies governing any Section 8 Homeownership program (Section _____ of the Section 8 Administrative Plan) | Annual Plan: Homeownership |
| YES | Public Housing Community Service Policy/Programs <input checked="" type="checkbox"/> Check here if included in Public Housing A & O Policy | Annual Plan: Community Service & Self-Sufficiency |
| YES | Cooperative agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies. | Annual Plan: Community Service & Self-Sufficiency |
| YES | FSS Action Plan(s) for public housing and/or Section 8. | Annual Plan: Community Service & Self-Sufficiency |
| YES | Section 3 documentation required by 24 CFR Part 135, Subpart E for public housing. | Annual Plan: Community Service & Self-Sufficiency |
| N/A | Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports for public housing. | Annual Plan: Community Service & Self-Sufficiency |
| YES | Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G). <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy. | Annual Plan: Pet Policy |
| YES | The results of the most recent fiscal year audit of the PHA conducted under the Single Audit Act as implemented by OMB Circular A-133, the results of that audit and the PHA's response to any findings. | Annual Plan: Annual Audit |
| | Other supporting documents (optional) (list individually; use as many lines as necessary) | (specify as needed) |
| NA | Consortium agreement(s) and for Consortium Joint PHA Plans <u>Only</u> : Certification that consortium agreement is in compliance with 24 CFR Part 943 pursuant to an opinion of counsel on file and available for inspection. | Joint Annual PHA Plan for Consortia: Agency Identification and Annual Management and Operations |

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

| Annual Statement/Performance and Evaluation Report | | | | | |
|---|---|----------------------|---|-------------------|---------------------------|
| Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary | | | | | |
| PHA Name: Hannibal Housing Authority | | | Grant Type and Number Capital Fund Program Grant No: MO36P12950104 Replacement Housing Factor Grant No: | | Federal FY of Grant: 2004 |
| <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report | | | | | |
| Line No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost | |
| | | Original | Revised | Obligated | Expended |
| 1 | Total non-CFP Funds | 0 | 0 | 0 | 0 |
| 2 | 1406 Operations | 95,291 | 95,291 | 95,291 | 95,291 |
| 3 | 1408 Management Improvements | 95,291 | 71,543.05 | 71,543.05 | 67,651.70 |
| 4 | 1410 Administration | 47,645 | 47,645 | 47,645 | 47,645 |
| 5 | 1411 Audit | 0 | 0 | 0 | 0 |
| 6 | 1415 Liquidated Damages | 0 | 0 | 0 | 0 |
| 7 | 1430 Fees and Costs | 0 | 0 | 0 | 0 |
| 8 | 1440 Site Acquisition | 0 | 0 | 0 | 0 |
| 9 | 1450 Site Improvement | 40,000 | 24,300 | 24,300 | 21,804.10 |
| 10 | 1460 Dwelling Structures | 163,569 | 170,007.10 | 170,007.10 | 45,593.43 |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | 0 | 0 | 0 | 0 |
| 12 | 1470 Nondwelling Structures | 0 | 0 | 0 | 0 |
| 13 | 1475 Nondwelling Equipment | 34,662 | 67,671.85 | 67,671.85 | 67,671.85 |
| 14 | 1485 Demolition | 0 | 0 | 0 | 0 |
| 15 | 1490 Replacement Reserve | 0 | 0 | 0 | 0 |
| 16 | 1492 Moving to Work Demonstration | 0 | 0 | 0 | 0 |
| 17 | 1495.1 Relocation Costs | 0 | 0 | 0 | 0 |
| 18 | 1499 Development Activities | 0 | 0 | 0 | 0 |
| 19 | 1501 Collateralization or Debt Service | 0 | 0 | 0 | 0 |
| 20 | 1502 Contingency | 0 | 0 | 0 | 0 |
| 21 | Amount of Annual Grant: (sum of lines 2 – 20) | 476,458 | 476,458 | 476,458 | 345,657.08 |
| 22 | Amount of line 21 Related to LBP Activities | 0 | 0 | 0 | 0 |
| 23 | Amount of line 21 Related to Section 504 compliance | 0 | 0 | 0 | 0 |
| 24 | Amount of line 21 Related to Security – Soft Costs | 40,000 | 36,543.05 | 36,543.05 | 36,543.05 |
| 25 | Amount of Line 21 Related to Security – Hard Costs | 0 | 0 | 0 | 0 |
| 26 | Amount of line 21 Related to Energy Conservation Measures | 0 | 0 | 0 | 0 |
| | | | | | |

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

| Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages | | | | | | | | |
|---|--|--|----------|----------------------|-----------|---------------------------|----------------|----------------|
| PHA Name: Hannibal Housing Authority | | Grant Type and Number Capital Fund Program Grant No: MO39P12950104 Replacement Housing Factor Grant No: | | | | Federal FY of Grant: 2004 | | |
| Development Number Name/HA-Wide Activities | General Description of Major Work Categories | Dev. Acct No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised | Funds Obligated | Funds Expended | |
| HA Wide OPS | Operations | | | | | | | |
| | A) Housing Operations | 1406 | 20% | 95,291 | 95,291 | 95,291 | 95,291 | Complete |
| | Sub Total | | | 95,291 | 95,291 | 95,291 | 95,291 | |
| | | | | | | | | |
| HA Wide Mgmt Imp | Management Improvements | | | | | | | |
| | A) Fund Security Program | 1408 | 75% | 40,000 | 36,543.05 | 36,543.05 | 36,543.05 | Complete |
| | B) Mgmt/Maint Training | | 100% | 10,000 | 10,000 | 10,000 | 10,000 | Complete |
| | C) Fund Drug Prev & Resident Programs | | 75% | 45,291 | 25,000 | 25,000 | 21,108.65 | On Schedule |
| | Sub Total | | | 95,291 | 71,543.05 | 71,543.05 | 67,651.70 | |
| | | | | | | | | |
| HA Wide Admin | Administration | | | | | | | |
| | A) ED's Partial Salary | 1410 | 20% | 10,000 | 10,000 | 10,000 | 10,000 | Complete |
| HA Wide Admin | B) Grant Admin Salary & Benefits | | 100% | 25,000 | 34,075.33 | 34,075.33 | 34,075.33 | Complete |

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part II: Supporting Pages

| PHA Name: Hannibal Housing Authority | | Grant Type and Number Capital Fund Program Grant No: MO39P12950104 Replacement Housing Factor Grant No: | | | | Federal FY of Grant: 2004 | | |
|---|--|---|-----------|----------------------|----------|---------------------------|----------------|---------------------------|
| Development Number Name/HA-Wide Activities | General Description of Major Work Categories | Dev. Acct No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised | Funds Obligated | Funds Expended | |
| | C) Admin Asst Salary & Benefits | 1410 | 10% | 12,645 | 3,569.67 | 3,569.67 | 3,569.67 | Complete |
| | Sub Total | | | 47,645 | 47,645 | 47,645 | 47,645 | |
| HA Wide Site Improvements | Site Improvements | | | | | | | |
| MO129-1 | A) Replace Sidewalks | 1450 | 3,500 sf | 12,000 | 0 | 0 | 0 | Fungibility 2010 |
| MO129-4 | B) Replace Sidewalks | | 1,500 sf | 7,000 | 0 | 0 | 0 | Fungibility 2010 |
| MO129-6 | C) Replace Sidewalks | | 500 sf | 3,000 | 0 | 0 | 0 | Fungibility 2010 |
| MO129-2 | D) Install Awnings | | 1 Unit | 9,000 | 12,150 | 12,150 | 10,902.05 | 90% complete |
| MO129-5 | E) Install Awnings | | 1 Unit | 9,000 | 12,150 | 12,150 | 10,902.05 | 90% complete |
| | Sub Total | | | 40,000 | 24,300 | 24,300 | 21,804.10 | |
| HA Wide Dwelling Structure | Dwelling Structures | | | | | | | |
| MO129-01 | A) Replace Interior Doors & Hardware | 1460 | 143 Units | 136,000 | 0 | 0 | 0 | Fungibility Moved to 2005 |

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part II: Supporting Pages

| PHA Name: Hannibal Housing Authority | | Grant Type and Number Capital Fund Program Grant No: MO39P12950104 Replacement Housing Factor Grant No: | | | | Federal FY of Grant: 2004 | | |
|---|--|---|----------|----------------------|------------|---------------------------|----------------|------------------|
| Development Number Name/HA-Wide Activities | General Description of Major Work Categories | Dev. Acct No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised | Funds Obligated | Funds Expended | |
| MO129-4 | B) Replace Gutters & Down Spouts | 1460 | 24 Bldg | 18,471 | 0 | 0 | 0 | Fungibility 2009 |
| MO129-6 | C) Replace Gutters & Down Spouts | | 12 Bldg | 9,098 | 0 | 0 | 0 | Fungibility 2009 |
| MO129-2 | D) Replace Closet Doors | | 70 Units | 84,000 | 84,000 | 84,000 | 0 | On schedule |
| MO129-2 | E) Force Acct labor | | 70 Units | 12,000 | 12,000 | 12,000 | 0 | On schedule |
| MO129-1 | F) Replace Storage Doors | | 71 Units | 40,000 | 33,579 | 33,579 | 33,579 | Complete |
| MO129-2 | G) Upgrade Emergency call/fire system | | 1 bldg | 0 | 12,014.43 | 12,014.43 | 12,014.43 | Complete |
| MO129-2 | H) Build exercise room | | 1 unit | 0 | 652.38 | 652.38 | 0 | Fungibility 2010 |
| MO129-5 | I) Build Comm Room for residents convert 2 | | 2 units | 0 | 778.10 | 778.10 | 0 | Fungibility 2010 |
| MO129-5 | J) Force acct Labor | | Lump Sum | 0 | 1,657.78 | 1,657.78 | 0 | Fungibility 2010 |
| MO129-2 | K) Unit conversion 3 units to 1 bedroom | | 1 unit | 0 | 15,325.41 | 15,325.41 | 0 | On schedule |
| MO129-2 | L) Force acct labor | | Lump Sum | 0 | 10,000 | 10,000 | 0 | On schedule |
| | Sub Total | | | 163,569 | 170,007.10 | 170,007.10 | 45,593.43 | |

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part II: Supporting Pages

| PHA Name: Hannibal Housing Authority | | Grant Type and Number Capital Fund Program Grant No: MO39P12950104 Replacement Housing Factor Grant No: | | | | Federal FY of Grant: 2004 | | |
|---|---|---|----------|----------------------|-----------|---------------------------|----------------|----------------|
| Development Number Name/HA-Wide Activities | General Description of Major Work Categories | Dev. Acct No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised | Funds Obligated | Funds Expended | |
| HA Wide Non-Dwelling Equipment | Non-Dwelling Equipment | | | | | | | |
| | A) Maintain Mobile Communication Devices | 1475 | LS | 1,202 | 5,718.76 | 5,718.76 | 5,718.76 | Complete |
| | B) Replace Computers Hardware/ Software/ Serv | | 4 each | 10,360 | 12,910.79 | 12,910.79 | 12,910.79 | Complete |
| | C) Upgrade Maint. Comm System | | LS | 14,600 | 0 | 0 | 0 | Fungibility |
| | D) Replace Mower & Maint Equipment | | LS | 8,500 | 9,473.60 | 9,473.60 | 9,473.60 | Complete |
| | E) Purchase Hsg Vehicle | | 1 unit | 0 | 14,388 | 14,388 | 14,388 | Complete |
| | F) Replace Maint Vehicle | | 1 Unit | 0 | 25,181 | 25,181 | 25,181 | Complete |
| | Sub Total | | | 34,662 | 67,671.85 | 67,671.85 | 67,671.85 | |
| | Grand Total | | | 476,458 | 476,458 | 476,458 | 345,657.08 | |

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part III: Implementation Schedule

| | | | | | | | |
|---|---|---|--------|---|---------|--------|----------------------------------|
| PHA Name: Hannibal Housing Authority | | Grant Type and Number Capital Fund Program No: MO36P12950104 Replacement Housing Factor No: | | | | | Federal FY of Grant: 2004 |
| Development Number Name/HA-Wide Activities | All Fund Obligated (Quarter Ending Date) | | | All Funds Expended (Quarter Ending Date) | | | Reasons for Revised Target Dates |
| | Original | Revised | Actual | Original | Revised | Actual | |
| HA Wide | 9/6/06 | | | 9/5/08 | | | |
| MO129-1 | 9/6/06 | | | 9/5/08 | | | |
| MO129-2 | 9/6/06 | | | 9/5/08 | | | |
| MO129-4 | 9/6/06 | | | 9/5/08 | | | |
| MO129-5 | 9/6/06 | | | 9/5/08 | | | |
| MO129-6 | 9/6/06 | | | 9/5/08 | | | |
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7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

| Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary | | | | | |
|---|---|--|-----------|-------------------|----------------------------------|
| PHA Name: Hannibal Housing Authority | | Grant Type and Number Capital Fund Program Grant No: MO36P12950105 Replacement Housing Factor Grant No: | | | Federal FY of Grant: 2005 |
| <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report | | | | | |
| Line No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost | |
| | | Original | Revised | Obligated | Expended |
| 1 | Total non-CFP Funds | 0 | | 0 | |
| 2 | 1406 Operations | 81,804 | 81,804 | 81,804 | 81,804 |
| 3 | 1408 Management Improvements | 71,455 | 65,730.07 | 65,730.07 | 58,202.58 |
| 4 | 1410 Administration | 40,902 | 40,902 | 40,902 | 40,902 |
| 5 | 1411 Audit | 0 | | 0 | 0 |
| 6 | 1415 Liquidated Damages | 0 | | 0 | 0 |
| 7 | 1430 Fees and Costs | 10,000 | 20,292.43 | 20,292.43 | 9,592.43 |
| 8 | 1440 Site Acquisition | 0 | | 0 | 0 |
| 9 | 1450 Site Improvement | 45,914 | 41,346.50 | 41,346.50 | 40,212 |
| 10 | 1460 Dwelling Structures | 146,947 | 146,947 | 0 | 0 |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | 0 | | 0 | 0 |
| 12 | 1470 Nondwelling Structures | 0 | | 0 | 0 |
| 13 | 1475 Nondwelling Equipment | 12,000 | 12,000 | 3,088.35 | 3,088.35 |
| 14 | 1485 Demolition | 0 | | 0 | 0 |
| 15 | 1490 Replacement Reserve | 0 | | 0 | 0 |
| 16 | 1492 Moving to Work Demonstration | 0 | | 0 | 0 |
| 17 | 1495.1 Relocation Costs | 0 | | 0 | 0 |
| 18 | 1499 Development Activities | 0 | | 0 | 0 |
| 19 | 1501 Collateralization or Debt Service | 0 | | 0 | 0 |
| 20 | 1502 Contingency | 0 | | 0 | 0 |
| 21 | Amount of Annual Grant: (sum of lines 2 – 20) | 409,022 | 409,022 | 253,163.35 | 243,801.36 |
| 22 | Amount of line 21 Related to LBP Activities | 0 | | 0 | 0 |
| 23 | Amount of line 21 Related to Section 504 compliance | 0 | | 0 | 0 |
| 24 | Amount of line 21 Related to Security – Soft Costs | 28,812 | 21,008 | 21,008 | 21,008 |
| 25 | Amount of Line 21 Related to Security – Hard Costs | | | | |
| 26 | Amount of line 21 Related to Energy Conservation Measures | | | | |

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

| Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages | | | | | | | | |
|---|--|--|----------|----------------------|-----------|---------------------------|----------------|----------------|
| PHA Name: Hannibal Housing Authority | | Grant Type and Number Capital Fund Program Grant No: MO36P12950105 Replacement Housing Factor Grant No: | | | | Federal FY of Grant: 2005 | | |
| Development Number Name/HA-Wide Activities | General Description of Major Work Categories | Dev. Acct No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised | Funds Obligated | Funds Expended | |
| HA Wide Ops | Operations | | | | | | | |
| | A) Housing Operations | 1406 | LS | 81,804 | | 81,804 | 81,804 | Complete |
| | Sub Total | | | 81,804 | | 81,804 | 81,804 | |
| | | | | | | | | |
| HA Wide Mgmt Imp | Management Improvements | | | | | | | |
| | A) Fund Security Program | 1408 | 100% | 28,812 | 21,008 | 21,008 | 21,008 | Complete |
| | B) Mgmt/Maint Training | | 50% | 5,000 | 7,079.07 | 7,079.07 | 7,079.07 | Complete |
| | C) Fund Drug Prevention Programs | | 100% | 37,643 | 37,643 | 37,643 | 30,115.51 | On schedule |
| | Sub Total | | | 71,455 | 65,730.07 | 65,730.07 | 58,202.58 | |
| | | | | | | | | |
| HA Wide Admin | Administration | | | | | | | |
| | A) Partial ED's Salary | 1410 | 16% | 9,785 | 9,785 | 9,785 | 9,785 | Complete |

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

| Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages | | | | | | | | |
|---|--|--|----------|----------------------|-----------|----------------------------------|----------------|----------------|
| PHA Name: Hannibal Housing Authority | | Grant Type and Number Capital Fund Program Grant No: MO36P12950105 Replacement Housing Factor Grant No: | | | | Federal FY of Grant: 2005 | | |
| Development Number Name/HA-Wide Activities | General Description of Major Work Categories | Dev. Acct No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised | Funds Obligated | Funds Expended | |
| HA Wide Admin | B) Grant Administrator Salary | 1410 | 100% | 28,288 | 28,288 | 28,288 | 28,288 | Complete |
| | C) Admin Assistant Salary | | 10% | 2,289 | 2,289 | 2,289 | 2,289 | Complete |
| | Sub Total | | | 40,902 | 40,902 | 40,902 | 40,902 | |
| | | | | | | | | |
| HA Wide Fees & Costs | Fees & Costs | | | | | | | |
| | A) A&E Services | 1430 | LS | 10,000 | 19,452.43 | 19,452.43 | 19,452.43 | Complete |
| | B) Capital Fund Accting Fees | | LS | 0 | 840.00 | 840.00 | 140.00 | On schedule |
| | Sub Total | | | 10,000 | 20,292.43 | 20,292.43 | 19,592.43 | |
| | | | | | | | | |
| HA Wide Site Improvement | Site Improvement | | | | | | | |
| MO129-1 | A) Install sidewalk & Steps @ new Office | 1450 | 1,400 sf | 45,914 | 41,346.50 | 41,346.50 | 40,212.00 | On Schedule |
| | Sub Total | | | 45,914 | 41,436.50 | 41,436.50 | 40,212.00 | |
| | | | | | | | | |

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

| Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages | | | | | | | | |
|---|--|--|----------|----------------------|----------|----------------------------------|----------------|------------------|
| PHA Name: Hannibal Housing Authority | | Grant Type and Number Capital Fund Program Grant No: MO36P12950105 Replacement Housing Factor Grant No: | | | | Federal FY of Grant: 2005 | | |
| Development Number Name/HA-Wide Activities | General Description of Major Work Categories | Dev. Acct No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised | Funds Obligated | Funds Expended | |
| HA Wide Dwell Struct | Dwelling Structures | | | | | | | |
| MO129-1 | A) Replace Interior Doors | 1460 | 71 Units | 140,000 | 0 | 0 | 0 | Fungibility 2010 |
| MO129-4 | B) Replace bathroom vents | | 48 units | 6,947 | 0 | 0 | 0 | Fungibility 2010 |
| MO129-1 | C) Phase II New Comm Bldg | | LS | 0 | 146,947 | 0 | 0 | Fungibility 2010 |
| | Sub total | | | 146,947 | 146,947 | 0 | 0 | |
| | | | | | | | | |
| HA Wide Non Dwelling Equipment | Non Dwelling Equipment | | | | | | | |
| | A) Replace Riding Mower | 1475 | 1 ea | 8,500 | 4,763.85 | 0 | 0 | Bid out Spring |
| | B) Replace maint. Tools | | LS | 1,500 | 1,500 | 0 | 0 | Bid out Spring |
| | C) Maintain Staff Comm System | | LS | 2,000 | 3,088.35 | 3,088.35 | 3,088.35 | Complete |

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

| Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages | | | | | | | | |
|---|--|--|----------|----------------------|----------|---------------------------|----------------|----------------|
| PHA Name: Hannibal Housing Authority | | Grant Type and Number Capital Fund Program Grant No: MO36P12950105 Replacement Housing Factor Grant No: | | | | Federal FY of Grant: 2005 | | |
| Development Number Name/HA-Wide Activities | General Description of Major Work Categories | Dev. Acct No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised | Funds Obligated | Funds Expended | |
| MO129-5 | D)Ice Machine Comm Room | 1475 | 1 ea | 0 | 2,647.40 | 0 | 0 | On Schedule |
| | Sub Total | | | 12,000 | 12,000 | 3,088.35 | 3,088.35 | |
| | Grand Total | | | 409,022 | 409,022 | 253,163.35 | 243,801.36 | |

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7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

| Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary | | | | | |
|---|---|--|---------|-------------------|-------------------------------------|
| PHA Name: Hannibal Housing Authority | | Grant Type and Number Capital Fund Program Grant No: MO36P12950106 Replacement Housing Factor Grant No: | | | Federal FY of Grant: 2006 |
| <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report | | | | | |
| Line No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost | |
| | | Original | Revised | Obligated | Expended |
| 1 | Total non-CFP Funds | 0 | | | |
| 2 | 1406 Operations | 73,650 | 73,650 | 73,650 | 0 |
| 3 | 1408 Management Improvements | 65,000 | 65,000 | 65,000 | 27,552.62 |
| 4 | 1410 Administration | 35,635 | 35,635 | 35,635 | 21,337.98 |
| 5 | 1411 Audit | 0 | | | |
| 6 | 1415 Liquidated Damages | 0 | | | |
| 7 | 1430 Fees and Costs | 40,000 | 31,059 | 31,059 | 0 |
| 8 | 1440 Site Acquisition | 0 | | | |
| 9 | 1450 Site Improvement | 28,755 | 37,696 | 37,696 | 37,696 |
| 10 | 1460 Dwelling Structures | 0 | | | |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | 0 | | | |
| 12 | 1470 Nondwelling Structures | 93,100 | 93,100 | 66,519 | 0 |
| 13 | 1475 Nondwelling Equipment | 32,108 | 32,108 | 32,108 | 0 |
| 14 | 1485 Demolition | 0 | | | |
| 15 | 1490 Replacement Reserve | 0 | | | |
| 16 | 1492 Moving to Work Demonstration | 0 | | | |
| 17 | 1495.1 Relocation Costs | 0 | | | |
| 18 | 1499 Development Activities | 0 | | | |
| 19 | 1501 Collateralization or Debt Service | 0 | | | |
| 20 | 1502 Contingency | 0 | | | |
| 21 | Amount of Annual Grant: (sum of lines 2 – 20) | 368,248 | 368,248 | 341,667 | 86,586.63 |
| 22 | Amount of line 21 Related to LBP Activities | 0 | | | |
| 23 | Amount of line 21 Related to Section 504 compliance | 0 | | | |
| 24 | Amount of line 21 Related to Security – Soft Costs | 0 | | | |
| 25 | Amount of Line 21 Related to Security – Hard Costs | 27,000 | | | |
| 26 | Amount of line 21 Related to Energy Conservation Measures | 0 | | | |

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

| Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages | | | | | | | | |
|---|---|--|----------|----------------------|---------|---------------------------|----------------|----------------|
| PHA Name: Hannibal Housing Authority | | Grant Type and Number Capital Fund Program Grant No: MO36P12950106 Replacement Housing Factor Grant No: | | | | Federal FY of Grant: 2006 | | |
| Development Number Name/HA-Wide Activities | General Description of Major Work Categories | Dev. Acct No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised | Funds Obligated | Funds Expended | |
| HA Wide OPS | Operations | | | | | | | |
| | A) Housing Operations | 1406 | LS | 73,650 | | 73,650 | 0 | On Schedule |
| | Sub total | | | 73,650 | | 73,650 | 0 | |
| HA Wide Mgmt Imp | Management Improvements | | | | | | | |
| | A) Administer Security Program | 1408 | 100% | 27,000 | | 27,000 | 11,770.51 | On Schedule |
| | B) Mgmt/Maint Training | | LS | 5,000 | | 5,000 | 0 | |
| | C) Administer Resident Drug Prevention Programs | | 100% | 33,000 | | 33,000 | 15,782.14 | On Schedule |
| | Sub total | | | 65,000 | | 65,000 | 27,552.65 | |
| | | | | | | | | |

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

| Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages | | | | | | | | |
|---|--|--|----------|----------------------|---------|---------------------------|----------------|----------------|
| PHA Name: Hannibal Housing Authority | | Grant Type and Number Capital Fund Program Grant No: MO36P12950106 Replacement Housing Factor Grant No: | | | | Federal FY of Grant: 2006 | | |
| Development Number Name/HA-Wide Activities | General Description of Major Work Categories | Dev. Acct No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised | Funds Obligated | Funds Expended | |
| HA Wide Admin | Administration | | | | | | | |
| | A) Partial ED Salary | 1410 | 15% | 6,214 | | 6,214 | 3,492.96 | On Schedule |
| | B) Grant Admin Salary | | 100% | 29,421 | | 29,421 | 17,845.02 | On schedule |
| | Sub Total | | | 35,635 | | 35,636 | 21,337.98 | |
| | | | | | | | | |
| HA Wide Fees & Costs | Fees & Costs | | | | | | | |
| | A) A&E Services | 1430 | 100% | 40,000 | 31,059 | 31,059 | 0 | On Schedule |
| | Sub total | | | 40,000 | 31,059 | 31,059 | 0 | |
| | | | | | | | | |
| HA Wide Site Improvement | Site Improvements | | | | | | | |
| MO129-1 | A) Enlarge Parking Lot @ Community Bldg | 1450 | 1900 sf | 28,755 | 37,696 | 37,696 | 37,696 | Complete |
| | Sub Total | | | 28,755 | 37,696 | 37,696 | 37,696 | |
| | | | | | | | | |
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7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

| Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages | | | | | | | | |
|--|--|---|----------|----------------------|---------|---------------------------|----------------|----------------|
| PHA Name: Hannibal Housing Authority | | Grant Type and Number Capital Fund Program Grant No: MO36P12950106 Replacement Housing Factor Grant No: | | | | Federal FY of Grant: 2006 | | |
| Development Number Name/HA-Wide Activities | General Description of Major Work Categories | Dev. Acct No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised | Funds Obligated | Funds Expended | |
| HA Wide Non-Dwelling Struct | Non-Dwelling Structures | | | | | | | |
| MO129-1 | A) New Community Bldg – Phase 1 | 1470 | 1 Bldg | 93,100 | 93,100 | 66,519 | 0 | On schedule |
| | Sub Total | | | 93,100 | 93,100 | 66,519 | 0 | |
| | | | | | | | | |
| HA Wide Non-Dwelling Equip | Non-Dwelling Equipment | | | | | | | |
| | A) Replace vehicles | 1475 | 1units | 17,889 | 17,889 | 0 | 0 | |
| | B) Purchase Salt Spreader | | 1 unit | 9,000 | 9,000 | 0 | 0 | |
| | C) Purchase Forklift for Tractor | | 1 unit | 1,500 | 1,500 | 0 | 0 | |
| | D) Replace riding Mower | | 1 unit | 3,719 | 3,719 | 0 | 0 | |
| | Sub Total | | | 32,108 | 32,108 | 0 | 0 | |
| | | | | | | | | |
| | Grand Total | | | 368,248 | 368,248 | 341,667 | 86,586.63 | |

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7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

| Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages | | | | | | | | |
|---|---|--|----------|----------------------|---------|---------------------------|----------------|----------------|
| PHA Name: Hannibal Housing Authority | | Grant Type and Number Capital Fund Program Grant No: MO36P12950107 Replacement Housing Factor Grant No: | | | | Federal FY of Grant: 2007 | | |
| Development Number Name/HA-Wide Activities | General Description of Major Work Categories | Dev. Acct No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised | Funds Obligated | Funds Expended | |
| HA Wide OPS | Operations | | | | | | | |
| | A) Housing Operations | 1406 | LS | 73,650 | | | | |
| | Sub total | | | 73,650 | | | | |
| HA Wide Mgmt Imp | Management Improvements | | | | | | | |
| | A) Fund Security Program | 1408 | 100% | 32,000 | | | | |
| | B) Mgmt/Maint Training | | LS | 5,650 | | | | |
| | C) Administer Resident Drug Prevention Programs | | 100% | 36,000 | | | | |
| | Sub total | | | 73,650 | | | | |
| HA Wide Admin | Administration | | | | | | | |
| | A) Partial ED Salary | 1410 | 10% | 3,545 | | | | |

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

| Annual Statement/Performance and Evaluation Report | | | | | | | | |
|---|--|---|----------|----------------------|---------|---------------------------|----------------|----------------|
| Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) | | | | | | | | |
| Part II: Supporting Pages | | | | | | | | |
| PHA Name: Hannibal Housing Authority | | Grant Type and Number Capital Fund Program Grant No: MO36P12950107 Replacement Housing Factor Grant No: | | | | Federal FY of Grant: 2007 | | |
| Development Number Name/HA-Wide Activities | General Description of Major Work Categories | Dev. Acct No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised | Funds Obligated | Funds Expended | |
| | B) Grant Admin Salary | | 100% | 32,280 | | | | |
| | Sub Total | | | 36,825 | | | | |
| | | | | | | | | |
| HA Wide Fees & Costs | Fees & Costs | | | | | | | |
| | A) Accounting Fees CF | 1430 | LS | 840 | | | | |
| | Sub total | | | 840 | | | | |
| | | | | | | | | |
| HA Dwelling Structures | Dwelling Structures | | | | | | | |
| MO129-4 | A) Install Vinyl over facia & siding | 1460 | 48 Units | 46,244 | | | | |
| MO129-6 | B) Install Vinyl over facia & siding | | 24 Units | 22,916 | | | | |
| | Sub Total | | | 69,160 | | | | |
| | | | | | | | | |

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

| Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages | | | | | | | | |
|--|--|---|----------|----------------------|---------|---------------------------|----------------|----------------|
| PHA Name: Hannibal Housing Authority | | Grant Type and Number Capital Fund Program Grant No: MO36P12950107 Replacement Housing Factor Grant No: | | | | Federal FY of Grant: 2007 | | |
| Development Number Name/HA-Wide Activities | General Description of Major Work Categories | Dev. Acct No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised | Funds Obligated | Funds Expended | |
| HA Dwelling Equipment | Dwelling Equipment | | | | | | | |
| MO129-2 | A) Install power flush toilets | 1465 | 67 each | 44,734 | | | | |
| MO129-5 | B) Install power flush toilets | | 42 each | 28,118 | | | | |
| | Sub Total | | | 72,852 | | | | |
| HA Wide Non-Dwelling Equip | Non-Dwelling Equipment | | | | | | | |
| | A) Replace Mower | 1475 | 1units | 5,920 | | | | |
| | B) Replace Maintenance Vehicle | | 1 unit | 28,500 | | | | |
| | C) Replace Copier | | 1 unit | 6,851 | | | | |
| | Sub Total | | | 41,271 | | | | |
| | Grand Total | | | 368,248 | | | | |
| | | | | | | | | |

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part III: Implementation Schedule

| | | | | | | | |
|---|---|---|--------|---|---------|--------|----------------------------------|
| PHA Name: Hannibal Housing Authority | | Grant Type and Number Capital Fund Program No: MO36P12950107 Replacement Housing Factor No: | | | | | Federal FY of Grant: 2007 |
| Development Number Name/HA-Wide Activities | All Fund Obligated (Quarter Ending Date) | | | All Funds Expended (Quarter Ending Date) | | | Reasons for Revised Target Dates |
| | Original | Revised | Actual | Original | Revised | Actual | |
| HA Wide | 9/5/09 | | | 9/5/10 | | | |
| MO129-02 | 9/5/09 | | | 9/5/10 | | | |
| MO129-04 | 9/5/09 | | | 9/5/10 | | | |
| MO129-05 | 9/5/09 | | | 9/5/10 | | | |
| MO129-06 | 9/5/09 | | | 9/5/10 | | | |
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Capital Fund Program Five-Year Action Plan

Part I: Summary

| PHA Name Hannibal Housing Authority | | | | <input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No: | |
|--|---------------------|--|--|---|---|
| Development Number/Name/ HA-Wide | Year 1 | Work Statement for Year 2 | Work Statement for Year 3 | Work Statement for Year 4 | Work Statement for Year 5 |
| | | FFY Grant MO36P12950108 PHA FY: 2008 | FFY Grant MO36P12950109 PHA FY: 2009 | FFY Grant: MO36P12950110 PHA FY: 2010 | FFY Grant: MO36P12950111 PHA FY: 2011 |
| | Annual Statement | | | | |
| 1406 HA Wide Operations | | 73,650 | 73,650 | 73,650 | 73,650 |
| 1408 HA Wide Management. Improvements | | 73,650 | 73,650 | 73,650 | 73,650 |
| 1410 HA Wide Administration | | 36,285 | 36,285 | 36,285 | 36,285 |
| 1430 HA Wide Fees & Costs | | 840 | 840 | 840 | 840 |
| 1450 Site Improvements | | 6,500 | 57,400 | 19,500 | 37,133 |
| 1460 Dwelling Structures | | 155,623 | 93,883 | | 138,150 |
| 1465 Dwelling Equipment | | | | 21,950 | |
| 1470 Non Dwelling Structures | | | | 132,000 | 4,000 |
| 1475 Non Dwelling Equipment | | 21,160 | 32,000 | 9,833 | 4,000 |
| CFP Funds Listed for 5-year planning | | 368,248 | 368,248 | 368,248 | 368,248 |
| | | | | | |
| Replacement Housing Factor Funds | | | | | |

| Capital Fund Program Five-Year Action Plan Part II: Supporting Pages—Work Activities | | | | | | |
|---|--|---|-----------------------|---|---|---------------------------|
| Activities for Year 1 | Activities for Year :2 FFY Grant: MO36P12950108 PHA FY: 2008 | | | Activities for Year: 3 FFY Grant: MO36P12950109 PHA FY: | | |
| | Development Name/Number | Major Work Categories | Estimated Cost | Development Name/Number | Major Work Categories | Estimated Cost |
| See | <i>1406 HA Wide Operations</i> | <i>A) Housing Operations</i> | 73,650 | <i>1406 HA Wide Operations</i> | <i>A) Housing Operations</i> | 73,650 |
| Annual | | <i>Sub Total</i> | 73,650 | | <i>Sub Total</i> | 73,650 |
| Statement | | | | | | |
| | 1408 HA Wide Management Improvements | A) Fund Security Program | 33,000 | 1408 HA Wide Management Improvements | A) Fund Security Program | 33,000 |
| | | B) Mgmt/Maint Training | 5,000 | | B) Mgmt/Maint Training | 5,000 |
| | | C) Fund Resident & Drug Prevention Program | 36,650 | | C) Fund Resident & Drug Prevention Program | 36,650 |
| | | Sub Total | 73,650 | | Sub Total | 73,650 |
| | | | | | | |
| | 1410 HA Wide Administration | A) Partial ED's Salary | 2,547 | 1410 HA Wide Administration | A) Partial ED's Salary | 2,547 |
| | | B) Grant Admin Salary | 34,278 | | B) Grant Admin Salary | 34,278 |
| | | Sub total | 36,825 | | Sub total | 36,825 |
| | | | | | | |
| Total CFP Estimated Cost | | | \$ | | | \$ |

Capital Fund Program Five-Year Action Plan
Part II: Supporting Pages—Work Activities

| Activities for Year : <u>2</u> FFY Grant: MO36P12950108 PHA FY: 2008 | | | Activities for Year: <u>3</u> FFY Grant: MO36P12950109 PHA FY: 2009 | | |
|--|--|-----------------------|---|--|-----------------------|
| Development Name/Number | Major Work Categories | Estimated Cost | Development Name/Number | Major Work Categories | Estimated Cost |
| 1430 HA Wide Fees & Costs | A) Accounting Fees Capital Funds | 840 | 1430 HA Wide Fees & Costs | A) Accounting Fees Capital Funds | 840 |
| | Sub total | 840 | | Sub Total | 840 |
| | | | | | |
| 1450 Site Improvements | A) Install Fencing | 6,500 | 1450 Site Improvements | | |
| | Sub total | 6,500 | MO129-1 | A) Build Picnic Shelter, tables & grills | 14,580 |
| | | | MO129-4 | B) Build Picnic Shelter, tables, grills | 14,580 |
| 1460 Dwelling Structures | | | MO129-6 | C) Build Picnic Shelter, tables, grills | 9,000 |
| MO129-5 | A) Replace windows in units & common areas | 82,439 | MO129-2 | D) Screen enclose existing patio | 7,240 |
| MO129-5 | B) Replace kitchen cabinets/ counter tops | 73,184 | MO129-2 | E) Purchase gazebo front entrance | 7,000 |
| | | | MO129-5 | F) Screen enclose existing patio | 7,000 |
| | Sub Total | 155,623 | | Sub total | 57,400 |
| | | | | | |

| | | | | | |
|-------------------------------------|---------------------------------------|-----------|---------------------------------|-------------------------------------|-----------|
| 1475 HA Wide Non Dwelling Equipment | | | 1460 Dwelling Structures | | |
| | A) Replace Mower | 4,160 | MO129-1 | A) Replace gutter, downspouts | 46,280.50 |
| | B) Upgrade computer system & software | 17,000 | MO129-4 | Replace gutters , downspouts | 31,735.20 |
| | | | MO129-6 | C) Replace gutters, downspouts | 15,867.30 |
| | Sub Total | 21,160 | | | 98,883 |
| | | | | | |
| | | | 1475 HA Wide Dwelling Equipment | A) Replace Mower | 5,000 |
| | | | | B) Purchase new tools & Maint Equip | 2,000 |
| | | | | C) Replace Maint Vehicle | 25,000 |
| | | | | Sub Total | 32,000 |
| | | | | | |
| | | | | | |
| Total CFP Estimated Cost | | \$368,248 | | | \$368,248 |

Capital Fund Program Five-Year Action Plan

Part II: Supporting Pages—Work Activities

| Activities for Year 1 | Activities for Year :4 FFY Grant: MO36P12950110 PHA FY: 2010 | | | Activities for Year: 5 FFY Grant: MO36P12950111 PHA FY: 2011 | | |
|--------------------------|--|--|----------------|--|--|----------------|
| | Development Name/Number | Major Work Categories | Estimated Cost | Development Name/Number | Major Work Categories | Estimated Cost |
| See | 1406 HA Wide Operations | A) Housing Operations | 73,650 | 1406 HA Wide Operations | A) Housing Operations | 73,650 |
| Annual Statement | | Sub Total | 73,650 | | Sub Total | 73,650 |
| | 1408 HA Wide Management Improvements | A) Fund Security Program | 33,000 | 1408 HA Wide Management Improvements | A) Fund Security Program | 33,000 |
| | | B) Mgmt/Maint Training | 5,000 | | B) Mgmt/Maint Training | 5,000 |
| | | C) Fund Resident & Drug Prevention Program | 36,650 | | C) Fund Resident & Drug Prevention Program | 36,650 |
| | | Sub Total | 73,650 | | Sub Total | 73,650 |
| | 1410 HA Wide Administration | A) Partial ED's Salary | 2,547 | 1410 HA Wide Administration | A) Partial ED's Salary | 2,547 |
| | | B) Grant Admin Salary | 34,278 | | B) Grant Admin Salary | 34,278 |
| | | Sub total | 36,825 | | Sub total | 36,825 |
| | | | | | | |
| Total CFP Estimated Cost | | | \$ | | | \$ |

Capital Fund Program Five-Year Action Plan

Part II: Supporting Pages—Work Activities

| Activities for Year : 4____ FFY Grant: MO36P12950110 PHA FY: 2010 | | | Activities for Year: 5 FFY Grant: MO36P12950111 PHA FY: 2011 | | |
|---|-------------------------------------|----------------|--|--------------------------------------|----------------|
| Development Name/Number | Major Work Categories | Estimated Cost | Development Name/Number | Major Work Categories | Estimated Cost |
| 1430 HA Wide Fees & Costs | A) Accounting Fees Capital Funds | 840 | 1430 HA Wide Fees & Costs | A) Accounting Fees Capital Funds | 840 |
| | Sub total | 840 | | Sub Total | 840 |
| 1450 Site Improvements | | | 1450 Site Improvements | | |
| MO129-1 | A) Replace sidewalk | 10,500 | MO129-2 | A) Repair & Pave asphalt parking lot | 15,000 |
| MO129-4 | B) Replace sidewalk | 6,000 | MO129-5 | B) Repair & Pave asphalt parking lot | 9,300 |
| MO129-6 | C) Replace sidewalk | 3,000 | MO129-1 | C) Repair & seal | 6,000 |
| | Sub Total | 19,500 | MO129-4 | D) Repair & seal | 4,000 |
| | | | MO129-6 | E) Repair & seal | 2,833 |
| | | | | Sub Total | 37,133 |
| 1465 Dwelling Equipment | | | 1460 Dwelling Structures | | |
| MO129-1 | A) Install energy star shower heads | 1,100 | MO129-2 | A) Replace mailboxes | 1,200 |
| MO129-2 | B) Install energy star shower heads | 1,040 | MO129-5 | B) Replace mailboxes | 1,950 |

| | | | | | |
|-----------------------------|--------------------------------------|---------|------------------------------|--|---------|
| MO129-4 | C) Install energy star shower heads | 770 | MO129-4 | C) Replace kitchen cabinet, sink & faucets | 135,000 |
| MO129-5 | D) Install energy star shower heads | 680 | | Sub total | 138,150 |
| MO129-6 | E) Install energy star shower heads | 410 | | | |
| MO129-2 | F) Install entry knobs & dead bolts | 10,950 | 1470 Non Dwelling Structures | | |
| MO129-5 | G) Install entry knobs & dead bolts | 7,000 | MO129-1 Admin office | A) Repaint Office | 4,000 |
| | Sub Total | 21,950 | | Sub Total | 4,000 |
| | | | | | |
| 1470 Non Dwelling Structure | | | 1475 Non Dwelling Equipment | | |
| MO129-1 | A) Replace interior doors & hardware | 125,000 | | A) Replace maint mower | 4,000 |
| MO129-4 | B) Replace bathroom vents | 7,000 | | Sub Total | 4,000 |
| | Sub Total | 132,000 | | | |
| | | | | | |
| 1475 Non Dwelling Equipment | | | | | |
| | A) Replace Main Mower | 4,000 | | | |
| | B) Upgrade Computer System | 5,833 | | | |
| | Sub Total | 9,833 | | | |
| | | | | | |

| | | | | |
|--------------------------|---------|--|--|-----------|
| Total CFP Estimated Cost | 368,248 | | | \$368,248 |
|--------------------------|---------|--|--|-----------|

Certification for a Drug-Free Workplace

U.S. Department of Housing
and Urban Development

Submittance

Housing Authority

Responsible Agency Head/Executive

Capital Grant Program

As the undersigned, I, the undersigned Applicant, as an authorized official, make the following declarations and assurances to the Department of Housing and Urban Development (HUD) regarding the drug-free workplace:

I certify that the undersigned Applicant will or will continue to provide a drug-free workplace and:

a. Establish a program informing employees that the use of alcohol, drugs, or controlled substances, possession, use, or distribution of such substances is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an ongoing drug-free workplace program to inform employees:

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee or employee in the performance of the job be given a copy of the statement required by paragraph b.

d. Notifying the employee in the statement required by paragraph c. that if a condition of employment under the program, the employer will:

(1) Abide by the terms of the statement; and

(2) Notify the employer (in writing or by other means) of a violation of a drug-free workplace policy in the workplace to allow the employer to take appropriate action.

e. Notifying the agency in writing, within 30 calendar days after receiving notice from the employee, of any employee or employee receiving notice of such violation. Employees of essential employees (i.e., positions, including position titles, functions, and offices or other facilities, in which the agency has designated a critical need for the employee) shall be notified. Notice shall include the following information in writing to the employee:

- During the 30-day period, within 30 calendar days of receiving notice, under subsection (2)(2), with respect to any employee who is so notified: -

(1) Taking appropriate personnel action against each employee, up to and including termination, removal, or other disciplinary action, as required by the Civil Service Act of 1973, as amended; and

(2) Requesting that employees to provide satisfactory information in a drug abuse assessment or other action program, as required for such employees by a Federal, State, or local law, rule, or regulation, or other appropriate action.

f. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a, b, c, d, e.

g. After the Work Performance, the Applicant shall be fully responsible for the performance of the drug-free workplace program and shall be responsible for the performance of the program. The Applicant shall be responsible for the performance of the program and shall be responsible for the performance of the program.

MD118-01 36% Newsgate, Hamilton, Madison County, MD 20801

Capital Grant Funding

MD118-02 36% Newsgate, Hamilton, Madison County, MD 20801

Capital Grant Funding

MD118-04 36% Newsgate, Hamilton, Madison County, MD 20801

Capital Grant Funding

MD 20-06 36% Newsgate, Hamilton, Madison County, MD 20801

Capital Grant Funding

MD 20-06 36% Newsgate, Hamilton, Madison County, MD 20801

Capital Grant Funding

Checklist: [] All information provided is true and correct and is not withheld.

I hereby certify that all the information provided herein, is true and correct and is not withheld. I am the authorized official of the Applicant, and I am responsible for the performance of the program and shall be responsible for the performance of the program.

Signature of Applicant

Jack L. Wilson

Signature of Employer

Date

3/26/07

to: HUD-50075-SA (04/30/2003)
04/30/2003 10:00:00 AM 04/30/2003 10:00:00 AM

**Certification of Payments
to Influence Federal Transactions**

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

Page No. _____

Housing Authority

Prepared by: Housing Authority
Capital Funds Program

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an official or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a Federal award of any Federal loan, the making or any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, renewal, amendment, modification, or continuation of any Federal contract, grant, loan, or cooperative agreement;

(2) If any funds have been paid or will be paid to any person for influencing or attempting to influence an official or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with any Federal contract, grant, loan, or cooperative agreement, the undersigned will complete and submit Standard Form 278, Disclosure of In-Lobbying Activities, in accordance with its instructions;

(3) The undersigned will require that the language of this certification be included in the award contract or all contracts or subcontracts relating to the contract, grant, loan, or cooperative agreement, and that all subgrantees similarly certify and disclose accordingly;

This certification is a material representation of fact upon which reliance may properly be placed in the award of any Federal contract, grant, loan, or cooperative agreement, and the undersigned is subject to the criminal penalties imposed by sections 224 and 225, U.S. Code. Any person who fails to file the required certification or who subjects a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Under penalty of perjury, the undersigned certifies that the information provided in this document is true, accurate, and complete.
Warning: FUD-50075-SA (04/30/2003) is a U.S. Government work and, as such, is in the public domain in the United States of America.
(48 CFR 101-11.6, 101-11.7, 101-11.8, 101-11.9, 101-11.10, 101-11.11, 101-11.12)

Name of the Housing Authority

Jack L. McLeod

Title

Executive Director

Date

3/26/07

Printed Name

Form HUD-50075-SA (04/30/2003)
All Fund Numbers: 41-1, 42-1, 43-1, 44-1, 45-1, 46-1, 47-1, 48-1, 49-1, 50-1, 51-1, 52-1, 53-1, 54-1, 55-1, 56-1, 57-1, 58-1, 59-1, 60-1, 61-1, 62-1, 63-1, 64-1, 65-1, 66-1, 67-1, 68-1, 69-1, 70-1, 71-1, 72-1, 73-1, 74-1, 75-1, 76-1, 77-1, 78-1, 79-1, 80-1, 81-1, 82-1, 83-1, 84-1, 85-1, 86-1, 87-1, 88-1, 89-1, 90-1, 91-1, 92-1, 93-1, 94-1, 95-1, 96-1, 97-1, 98-1, 99-1, 100-1

**Streamlined PHA Plan
PHA Certifications of Compliance**

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

**PHA Certifications of Compliance with the PHA Plans and Related Regulations:
Board Resolution to Accompany the Streamlined Annual PHA Plan**

Being as a part of the Board of Commissioners of the Public Housing Agency (PHA), dated into its 10th Chairman to which subject of PHA official of these is on Board of Commissioners, I approve the submission of the streamlined Annual PHA Plan for PHA fiscal year beginning 1999/2000, heretofore referred to as the Streamlined Annual Plan, of which this document is a part and is in the following certification, agreement, entry, and assurance to the Department of Housing and Urban Development (HUD) in connection with the submission of the Streamlined Plan and Regulations of this act:

1. The streamlined Annual Plan is consistent with the applicable comprehensive housing affidavits to strategy in any stream-lined Plan increasing and strength for the individual in which the PHA is located.
2. The PHA has established a Resident Advisory Board or Board, the membership of which represents the residents served by the PHA, and provides this Board an opportunity to review and comment on any program and policy change with substantial effect on the Annual Plan.
3. The PHA meets the proposed streamlined Annual Plan, including policy and program revisions since submission of the last Annual Plan and all programs are subject to the public hearing available for public notification at least 45 days before the hearing, and public notice for the hearing would be held and conducted at least to discuss the streamlined PHA and related public comment.
4. The PHA will carry out the streamlined Annual Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
5. The PHA will carry out the plan for housing by examining the programs or proposed programs, identify any impediments to fair housing, address those impediments in a reasonable fashion in view of the resources available and work with local institutions to implement any of the impediments proposed to determine if there is fair housing the required PHA's development and financial records for every year and will be.
6. For streamlined Annual Plans that include a policy or change in policy for site-based waiting lists:
The PHA regulatory system required due to HUD's 24 CFR in an annual, complete and timely manner (as qualified in 24 CFR 94.100).
The system of site-based waiting lists provides for: All disclosures to each applicant in the selection of the development in which to reside, including: (a) the number of available units, and an estimate of the period of time the applicant would likely have to wait to be allocated a unit; (b) the site and types of each unit;
(c) the number of site-based waiting lists would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
(d) The PHA will take reasonable measures to assure that each waiting list is consistent with a time delay for units for housing;
(e) The PHA will take the review of the site-based waiting list policy to determine if it is consistent with the rights flow and coordination, as specified in 24 CFR part 94.100(b)(3).
7. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
8. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Part 42 and Part 43 as to the construction of buildings and facilities under its jurisdiction, as applicable, to be physically handicapped.
9. The PHA will comply with the requirements of section 5 of the Housing and Urban Development Act of 1980, Employment Opportunities for Low- and Very Low-Income Persons, and with its implementing regulation at 24 CFR 94.100.
10. The PHA has complied with the streamlined Plan's certification with regard to any other regulations required by 24 CFR Part 24, Subpart B.
11. The PHA has complied with the streamlined Plan's certification with regard to compliance with restrictions on advertising referred by 24 CFR 94.100(a)(3) and (b)(3) with disclosure forms required by this Part, and with restrictions on access to the affiliated Federal Government in compliance with the Fair American and anti-discrimination regulations at 24 CFR Part 24.
12. The PHA will comply with acquisition and education requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
13. The PHA will take appropriate affirmative action to assure contracts to minority and women-owned enterprises under 24 CFR 2.105(a).
14. The PHA will provide a copy of its responsible entry any documents or Act the Department needs to carry out its duties under the National Employment Policy Act and other related author as in accordance with 24 CFR Part 58.
15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate regulations and section 19 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
16. The PHA will keep records in accordance with 24 CFR 95.20 and facilitate an effective order to determine compliance with program requirements.

form **HUD-50075-SA** (04/30/2003)

Comprehensive Grant Program (CGP)

340

DATE Appraised: 09/28/07
Value: \$2,125,000

[illegible]

4 Comprehensive Plan Submitted to April 12, 2014 Shirley Beggs & continues to be under review. No reference to

Authority of the City of Honolulu, 1910

- [illegible]

Handwritten: Jay Ghanti 3-26-07

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.

Approved by OMB
1346-0042

(See reverse for public source disclosure.)

| | | |
|---|--|---|
| 1. Type of Federal Action: <input checked="" type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. other (specify) | 2. Status of Federal Action: <input checked="" type="checkbox"/> a. bid/offer application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award | 3. Report Type: <input type="checkbox"/> a. Initial filing <input type="checkbox"/> b. material change For Material Change Only: year: _____ quarter: _____ date of last report: _____ |
| 4. Name and Address of Reporting Entity: <input type="checkbox"/> Private <input type="checkbox"/> Not applicable If: _____ Congressional District, if known: 4 5. Federal Department/Agency: US Department of HUD | | 5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: n/a Congressional District, if known: 6. Federal Program Name/Description: Capital Grant Program CFDA Number, if applicable: |
| 8. Federal Action Number, if known: HD967-2050100 | | 9. Award Amount, if known: \$ 400,000 |
| 10 a. Name and Address of Lobbying Registrant (Washington, D.C. or other location, if any) | | b. Individuals Performing Services (including address if different from No. 10a) Last name, first name, etc. |
| <small>11. In the event of a change of ownership or control of the reporting entity, the reporting entity must file this disclosure with the Department of the Treasury, Office of Management and Enterprise Services, within 30 days of the change. The reporting entity must also file this disclosure with the Department of the Treasury, Office of Management and Enterprise Services, within 30 days of the change. The reporting entity must also file this disclosure with the Department of the Treasury, Office of Management and Enterprise Services, within 30 days of the change. The reporting entity must also file this disclosure with the Department of the Treasury, Office of Management and Enterprise Services, within 30 days of the change.</small> | | Signature: <u>[Signature]</u> Print Name: <u>John Doe</u> Title: <u>Executive Director</u> Telephone No.: <u>202-555-1234</u> Date: <u>2/26/07</u> |
| Federal Use Only: | | GSA Acquisition Regulation Standard Form 101 (Rev. 10/07) |



Hannibal Housing Authority

2000-2001
Cred. Plan, M. C.
10-10-01
Cred. Plan, M. C.
10-10-01

3624 2nd St.
PO Box 990
Hannibal, MO 63401
573-221-7575

Noted 4/16/07

Missouri Consolidated Plan Team
C/O Missouri Dept. of Economic Development
Community Development Block Grant Program
P.O. Box 118
Jefferson City, MO 65101

ATTN: Andy Poppe

Re: Certificate of Consistency with Missouri Consolidated Plan

Dear Consolidated Team Members:

The Quality Housing and Work Responsibility Act of 1998 requires public housing agencies (PHA) to complete a five-year plan and annual action plans, the contents of which are consistent with the State of Missouri Consolidated Plan, in effect for the same period.

The Housing Authority of the City of Hannibal has completed its planning requirements for the period of April 1, 2007 to March 31, 2011 and submits this assurance that the content is consistent with the following features found in the current Consolidated Plan.

The PHA provides affordable housing to and on behalf of the categories of persons listed as priorities in the State's Consolidated Plan: low-income households and single-person households; large low-income households; elderly low-income households; homeless persons and families; persons with special needs; and low and moderate income households in areas experiencing rapid economic and population growth.

1

Jack L. McCord, Executive Director




- The PHA provides technical assistance to their tenant regarding access to homeownership programs and actively provides a link to those grants and program providers.

- The PHA understands the important role in the public participation process for the Consolidated Plan and provides a similar opportunity to their tenants both as a voice in the planning process statewide but also in the planning of the PHA.

The PHA recognizes the nature of the state's impediments to fair housing choice are the five categories that the impediments have been placed in, 1) the lack of knowledge or education regarding individual housing rights 2) the "inmate letter" 3) discrimination 4) the lack of affordable housing and 5) the lack of adequate enforcement, regulations, and policies. The PHA recognizes the state's efforts to address the first two impediments and the approach of addressing one impediment per year until the planning period ends in 2008. And, the PHA will participate with the state in addressing the impediments relevant in the next year. The PHA will request materials and assistance from the state and provide the same to their tenants.

The Executive Summary of the Housing Agency of the City of St. Louis that was created on my signature below we submit the plan as one, which is consistent with the goals of the State of Missouri.

In way of the signature of the Consolidated Plan Team membership, there is no agreement with the PHA regarding consistency and a commitment to each other partner where our combined resources and appropriate planning may continue to provide safe, stable, and affordable housing to St. Louis communities.


Jack McPhail
Housing Agency

Acely Pappas, Program Director

3/26/07
Date

Date

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

**Certification by State or Local Official of PHA Plans Consistency with
the Consolidated Plan**

I, _____, _____, the _____, _____, certify
that the Five Year and Annual PHA Plan of the _____ is
consistent with the Consolidated Plan of _____ prepared
pursuant to 24 CFR Part 91.

Signed / Dated by Appropriate State or Local Official

Certification by State or Local Official of PHA Plans consistency with the Consolidated Plan, Approved by HUD-50075
OMB No. 4220-0047
Expires 03/31/2003
Page 48 of 51

VIOLENCE AGAINST WOMEN ACT (VAWA) PROVISIONS RE: DENIAL OR TERMINATION OF ASSISTANCE

If an applicant or participant is or has been a victim of domestic violence, dating violence, or stalking, as defined below, is not an appropriate basis for denial or termination of program assistance, if the victim of such violence otherwise qualifies for assistance or admission.

“Domestic Violence” has the same meaning given the term in section 40002 of the Violence Against Women Act of 1994.

“Dating Violence” has the same meaning given the term in section 40002 of the Violence Against Women Act of 1994.

“Stalking” means: to follow, pursue, or repeatedly commit acts with the intent to kill, injure, harass, or intimidate; or place under surveillance with the intent to kill, injure, harass, or intimidate another person; and, in the course of, or as a result of, such following, pursuit, surveillance, or repeatedly committed acts, to place a person in reasonable fear of the death of, or serious bodily injury to, or to cause substantial emotional harm to” that person or a member of the immediate family of that person; or the spouse or intimate partner of that person.

“Immediate Family Member” means, with respect to a person a spouse, parent, brother or sister, or child of that person, or an individual to whom that person stands in loco parentis” or any other person living in the household of that person and related to that person by blood and marriage. Nothing in this section shall be construed to supersede any provision of any Federal, State, or local law that provides greater protection than this section for victims of domestic violence, dating violence, or stalking.

All information provided to an owner, manager or HHA pursuant to this section including the fact that an individual is a victim of domestic violence, dating violence, or stalking: shall be retained in the confidence by the landlord or HHA; and shall neither be” entered into any shared database; nor provided to any related entity; except to the extent that disclosure is” requested or consented to by the individual in writing; required for use in an eviction proceeding as set forth in this section or otherwise required by applicable law.

HHA will provide notice to tenants assisted under Section 8 of the United States Housing Act of 1937 of their rights under this Section including their right to confidentiality and the limits thereof, and to landlords of their rights and obligations under this section.

INCIDENTS OF DOMESTIC VIOLENCE, DATING VIOLENCE OR STALKING

In responding to an incident or incidents of actual or threatened domestic violence, dating violence, or stalking, a landlord of HHA may request that an individual certify via a HUD approved certification from that: the individual is a victim of domestic violence, dating violence, or stalking; and that the incident or incidents in question are: bona fide incidents of such actual or threatened abuse; and meet the requirements of this policy.

Such certification shall provide such certification within 14 business days of the date that the participant receives the written request for certification from the owner, manager or PHA.

If the individual does not provide the certification within the 14 day period set forth above, nothing in this may be construed to limit the authority of a land lord to evict, or HHA to terminate the program assistance for, any tenant or lawful occupant that commits violations of a lease.

The landlord or the HHA may extend the 14-day deadline at its discretion.

An individual may satisfy the certification requirement of the information above by:

Providing the requesting land lord or HHA with documentation signed by an employee, agent, or volunteer of a victim service provider, an attorney, or a medical professional, from whom the victim has sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of the abuse, in which the professional's belief that the incident or incidents in question are:

Bona fide incidents of abuse; and the victim of domestic violence, dating violence , or stalking has signed or attested to the documentation; or producing a Federal, State, tribal, territorial, or local police or court record.

Nothing in this subsection shall be construed to require a landlord of HHA to demand that an individual produce official documentation or physical proof of the individual's status as a victim of domestic violence, dating violence, sexual assault or stalking in order to receive any of the benefits provided in this policy.

At its discretion, a landlord or HHA may provide benefits to an individual based solely on the individual's statement or other corroborating evidence.

Compliance with this statute by a landlord or HHA based on the certification specified in this policy above shall not alone be sufficient to constitute evidence of an unreasonable act or omission by a landlord or HHA , or employee thereof.